A.D. 8.5, Mental Health Services
Prepared for signature 5/15/00 - effective 6/26/00

1. Policy. The Department of Correction shall provide a range of mental health services for inmates.

2. Authority and Reference.

   A. Connecticut General Statutes, Sections 17a-544, 18-81 and 18-87.
   B. American Correctional Association, Standards for Adult Correctional Institution, Third Edition, January 1990, Standards 3-4330, 3-4335 through 3-4337, 3-4343 through 3-4345, 3-4349, 3-4350, 3-4360, 3-4367 through 3-4369 and 3-4376.
   C. American Correctional Association, Standards for Adult Local Detention Facilities, Third Edition, March 1991, Standards **3-ALDF-4B-03, 3-ALDF-4E-01**, 3-ALDF-4E-11, 3-ALDF-4E-12, 3-ALDF-4E-19 through 3-ALDF-4E-21, **3-ALDF-4E-30**, 3-ALDF-3D-37 and 3-ALDF-3E-38.
   D. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-4E-01.
   E. National Commission of Correctional Health Care, 1991, Standards J-66, P-57 and P-58.
   F. Memorandum of Agreement between Department of Correction and Whiting Forensic Institute, 1988.
   G. National Commission on Correctional Health Care, Standards for Health Services in Prisons, 1997.
   H. West vs Manson Consent Judgment, 1988.
   I. Administrative Directives **2.7, Training and Staff Development; 4.4, Access to Information; and 6.4, Transportation and Community Supervision of Inmates.**

3. Definitions. For the purposes stated herein, the following definitions apply:

   A. Crisis Intervention. The therapeutic response to an inmate in urgent need of mental health care.
   B. Health Services Forensic Coordinator. A Department staff member designated by the Director of Health Services to facilitate interagency transfers and collaboration with the Connecticut Department of Mental Health and Addiction Services and other agencies and service providers.
   C. Infirmary Unit. An area designated for medical and/or mental health care with 24-hour nursing care.
   D. Interdisciplinary Treatment Team. Health Services staff who collaborate for the purpose of identifying problems, goals and interventions.
   E. Mental Health Emergency. A situation or circumstance requiring an immediate response to an inmate in psychiatric crisis when the lack of an intervention may jeopardize the safety or well being of the individual, staff, other inmates or the environment.
   F. Mental Status Examination. An evaluation designed to assess an inmate's emotional, behavioral and cognitive functioning.

   G. Treatment Plan. A comprehensive written tool for planning, implementing and evaluating mental health interventions in response to specific problems in accordance with established

goals.

4. Screening, Referral and Evaluation.

   A. Screening. A newly admitted inmate shall be screened by Health Services staff upon admission to the facility prior to placement in general population.
   B. Referral. Any staff, professionals from outside agencies, family members, and/or any other concerned party may refer an inmate for mental health services, or the inmate may self-refer. Each facility shall maintain an organized system which documents and tracks all requests for mental health services. Completed requests and responses shall be maintained in the Mental Health section of the health record.
   C. Assessment. Mental health staff shall assess each inmate who is referred to or requests mental health services. An assessment must be completed by mental health staff within five (5) working days and shall include: (1) a mental health history; and (2) a comprehensive mental status examination.

5. Treatment Planning. Once it is determined that an inmate will receive ongoing mental health services a treatment plan shall be written by the assigned mental health staff member following the first encounter. The treatment plan shall be reviewed on a quarterly basis by an Interdisciplinary Treatment Team.

6. Outpatient Mental Health Services. Outpatient mental health services shall be provided at all facilities. Each facility designated Mental Health Levels 3, 4 or 5 shall have, at a minimum, individual and group therapy. Access to mental health services shall be provided for the purpose of assessment at facilities assigned Mental Health Level 2.

7. Acute Mental Health Services. When it is determined that the inmate has a need for acute mental health intervention, the Mental Health staff shall ensure provisions are made for the necessary treatment of the inmate.

   A. Transfers. An inmate determined to be an immediate risk of self destructive behavior by a licensed mental health professional may be transferred to a designated Mental Health Level 5 facility for assessment, evaluation, and treatment, or to community hospital emergency room, Department of Mental Health or Department of Children and Families. Such transfers shall be considered health emergency transfers and shall be made by the Medical/Mental Health Administrator or designated Health Services staff in coordination with the Director of Classification and Population Management and the Unit Administrator. Transfers shall conform to the standards set forward in Administrative Directive 6.4, Transportation and Community Supervision of Inmates.
   B. Mental Health Level 5 Unit Transfer. Should an inmate's mental health status become so severely impaired that the inmate is a danger to self or others, or if the inmate is gravely disabled, the inmate shall be processed for transfer to a Mental Health Level 5 unit.
   C. Transfers to Other State Agencies. When the treating psychiatrist, in consultation with the Mental Health Supervisor

and Unit Administrator at the Mental Health Level 5 facility, determines that an inmate's treatment needs may be best met by another state agency, arrangements shall be initiated, to include completion of all required paperwork, for transfer to another state agency. Notification of the transfer request shall be forwarded to the Health Services Forensic Coordinator who shall review and coordinate all transfer agreements with the appropriate state agency. Transfer criteria to other state agencies shall be in accordance with the following:

1. Department of Children and Families. Inmates shall be under 18 years old. Procedures for transfer shall be in accordance with Connecticut General Statutes, Section 18-87.
2. Connecticut Valley Hospital - Whiting Forensic Division. Inmates shall be age 18 or older and require maximum security hospitalization.
3. Regional Mental Health Hospitals. Inmates shall be age 18 or over with security status of Level 1 or 2.

D. Transfers to the Department of Mental Health and Addiction Services. All transfers to the Department of Mental Health initiated by the Department of Correction shall require, at a minimum, the following documentation:

1. W-10 Medical Form completed by the psychiatric nurse and signed by the psychiatrist;
2. voluntary or involuntary cover letter, signed by the Warden;
3. Interagency Transfer Form;
4. Physician's 15-Day Emergency Certificate or Voluntary Commitment Application form;
5. a copy of the sentence mittimus;
6. a copy of Detainers (State of Connecticut, Federal Immigration and other States);
7. copy of inmates current time sheet;
8. copy of inmates RT60 highlighting any escapes;
9. copy of inmates RT67 highlighting assaultive behavior; and
10. any other pertinent material which may be considered relevant to the inmate’s commitment to the Department’s custody.

E. Return to Department of Correction. When an inmate is returned to the Department of Correction from the Department of Mental Health or other state agency the Department Forensic Coordinator shall ensure that the inmate is evaluated by qualified Health Services staff when the inmate arrives at the facility. The inmate shall be placed in general population subsequent to a favorable assessment.

8. Mental Health Housing. Admission to mental health housing shall be subject to the recommendation of the Mental Health Supervisor or designee and in accordance with the facility classification process.

A. Intra-Agency Placement. Prior to an inmate’s transfer to a mental health housing unit, a Mental Health staff member shall explain the mental health housing program to the inmate.

1. Single cell status for inmates with a major psychiatric disorder shall be granted only as authorized by a clinical psychologist or a psychiatrist where there is a clearly defined and documented need. Mental Health staff shall present a recommendation to a clinical psychologist or psychiatrist for single cell status for an inmate based upon one (1) or more of the following documented criteria:

    a. The inmate suffers from a major psychiatric disorder, has a documented history of violence, and is a current violence risk.
    b. The inmate has a documented history of sexual abuse, is demonstrating current symptomatology of post traumatic stress disorder, and is likely to suffer significant deterioration in a shared cell.
    c. The inmate suffers from mental deterioration related to a chronic progressive medical condition that would be expected to worsen in a shared cell.

2. A clinical psychologist or psychiatrist shall review the recommendation by the Mental Health staff, directly evaluate the inmate for single cell status and document the rationale for disposition in the inmate's health record.
3. A clinical psychologist or psychiatrist shall provide written notification of the inmate's need for single cell status to the Warden of the facility.
4. Single cell status shall be initiated only by a clinical psychologist or psychiatrist in consultation with the Warden.
5. The need for single cell status shall be a focus of the treatment plan and shall be reviewed at a minimum of every 90 days by the treatment team.
6. Single cell status shall not exceed 90 days without full review by a clinical psychologist or psychiatrist and reinitiation of the above procedures set for in this policy.

B. Inter-Agency Placement. When an inmate requires involuntary admission at another state agency's psychiatric unit, a formal hearing shall be held.

9. Transfer, Discharge Planning and Continuity of Care. The Mental Health Unit shall integrate services as necessary with community providers at the time of admission, throughout incarceration and at discharge to facilitate the inmate's transition to the community.

A. Exchange of Information. Exchange of information with community providers shall require written authorization from the inmate in accordance with Administrative Directive 4.4, Access to Information. The inmate's health record, medication kardex and packaged medications shall be transferred with the inmate. When a significant clinical need is present, a transfer summary by telephone and in writing shall be made between transferring facilities.
B. Planning. Mental Health staff shall discuss with the inmate plans

for continuation of services in the community and provide assistance in aftercare treatment when indicated. An inmate may be referred to the Department of Mental Health and Addiction Services, facilities contracted by the Department of Correction or other state agencies, or private providers.

C. Discharge Medication. A physician may order up to a two (2) week supply of medication to accompany an inmate upon discharge. The discharge medication shall only be for the purpose of medication continuation until the inmate is next seen by a physician.

10. Training. Staff shall be trained in recognizing potential or existing mental health emergencies. Training shall be as follows:

A. Pre-Service Training. A mental health curriculum shall be part of the training program for all new department employees with direct inmate contact, in accordance with Administrative Directive 2.7, Training and Staff Development.

B. In-Service Training. An employee shall have access to professional development workshops, staff development workshops and other training that meets the employee's level of professional responsibility.

11. Reports. An annual report encompassing relevant facts on mental health services and suicides in the Department shall be prepared by the Director of Health Services and forwarded to the Deputy Commissioner of Programs.

12. Exceptions. Any exception to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.